

Collaborative Evaluation & Research Centre

Supporting Innovative Research and Evaluation



EARLY YEARS

**FAMILY VIOLENCE ADVISOR
PROJECT**

EVALUATION 2021-2023

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FEDERATION UNIVERSITY
COLLABORATIVE EVALUATION &
RESEARCH CENTRE

SUPPORTING INNOVATIVE RESEARCH AND EVALUATION

**EARLY YEARS
FAMILY VIOLENCE ADVISOR PROJECT
EVALUATION 2021-2023**

NOVEMBER 2023

ACKNOWLEDGEMENTS

The Collaborative Evaluation & Research Centre (CERC) Federation University Gippsland acknowledges Aboriginal and Torres Strait Islander people as the traditional owners and custodians of the land, sea and nations and pay our respect to elders, past, present and emerging. The CERC further acknowledges our commitment to working respectfully to honour their ongoing cultural and spiritual connections to this country.

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ABOUT THE AUTHOR

The Collaborative Evaluation & Research Centre (CERC) Federation University Gippsland is an innovative initiative that aims to build evaluation capacity and expertise within Gippsland. As a local provider, the CERC understands the value of listening to the community and has the ability to deliver timely and sustainable evaluations that are tailored to the needs of a wide variety of organisations.

Professor Joanne Porter is the Director of the CERC. Joanne has led a number of successful research projects and evaluations in conjunction with local industry partners. She has guided the development of the CERC since its formation in 2018.

The CERC team that evaluated the Early Years Family Violence Advisor Project included:

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- Dr Carolyn Bailey
- Associate Professor Blake Peck
- Valerie Prokopiv
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1. EXECUTIVE SUMMARY

1.1 INTRODUCTION

The Early Years Family Violence Advisor (EYFVA) project commenced in 2019 following recommendations arising from the Family Violence Royal Commission with the introduction of the role supported by Quantum. The EYFVA was designed to provide expertise and support for workers in the antenatal and early years sectors to identify and respond to family violence with their clients, whether they are experiencing family violence or perpetrating family violence. The Advisor role is part of a one-year Capacity Building Pilot for the South Gippsland local government area and antenatal and paediatric staff at West Gippsland Healthcare Group, which draws the majority of patients from the Baw Baw catchment area. The Advisor encourages joint practice and collaboration to assist in providing an enhanced response to family violence which promotes the benefits of a catchment-wide understanding and collaborative response to family violence.

The project stalled during the COVID-19 pandemic and recommenced with the appointment of a new Advisor in September 2021. This evaluation document is reporting the findings of the pilot program from 2021 to June 2023.

1.2 KEY FINDINGS AND IMPLICATIONS

The Advisor role was designed to support front line staff in Early years centres, maternal child and health, and acute maternity wards with no direct contact with those impacted by family violence. Due to the nature of the pilot the evaluation consisted of three major data sets, analysis of Advisor engagement field notes, interviews with early years staff, and interviews with the EYFVA.

The EYFVA field notes outlined the activity of the role throughout the evaluation period and could be divided into four categories, partner / stakeholder engagement, resources developed, education sessions and secondary consults. Interactions were varied and often included follow up email communication and the sharing of resources and education materials. The majority of the stakeholder engagement included attendance at regular monthly or fortnightly team meetings on site with the various industry partners. The majority (n=20) was with Gippsland Family Violence Alliance PSA and Advisor meetings, followed by Gippsland Family Violence Alliance (n=11), Partnership to prevent family violence meeting Bass Coast & South Gippsland (N=11) and QSS Family Violence meeting (N=11). The EYFVA attended a number (n=30) of one-off meetings with partners. There were two formal workshops (Non-fatal strangulation education session (n=23) & Family Violence Education Workshop conducted twice (Sept 2022 n=17, March 2023 n=14) and three education sessions conducted during the evaluation period.

Participants who attended the non-fatal strangulation workshop appreciated being able to learn more about family violence (FV) and non-fatal strangulation (NFS).

“...my knowledge prior was quite limiting. This has opened my eyes around this. Gained more insight into FV and some not obvious signs and symptoms around NFS and what to look out for.”

The participants went on to state that they were more likely to consider NFS in their clinical practice in the future.

“I had no idea of the scale of this issue. This education means that I am now more likely to look for signs and symptoms of NFS. Especially important in the emergency department.”

Early years family violence stakeholders were interviewed on two occasions, in 2022 and again in 2023. Role confusion including clearly defined responsibilities remained a major theme with stakeholders no clearer on the EYFVA role 12 months into the pilot.

“Right from the beginning the role wasn’t perhaps clearly defined as it could have been and that’s About what the role was looking like and the fact that it was a bit of a pilot project as well”.

The participants all agreed that having access to an expert on family violence was invaluable, however many felt that in its current form the EYFVA did not meet the expectations of the clinical staff.

“From the midwifery point of view, I think they felt the role was going to be having someone there that not only could they consult with about family violence but that that person would then pick up and run with issues and clients who were experiencing family violence”.

The participants had some very clear ideas and understanding of what the role could be and how it could make a difference in the midwifery and early years areas.

“It was hopefully going to be a role that could provide some education and a role that could provide up-to date resources on family violence, up to date resources on the services in our community and how we could best engage with those services”.

They saw it being able to provide not just expertise and advice but also up-skill the staff through education and training. The EYFVA was able to provide some very useful resources for the staff during the project period which in some instances have been incorporated into their training manuals and ward resources.

“One of the most valuable things was to help connect various social work staff with some great resources in the community”.

The EYFVA was often presenting to experienced staff it was therefore optimal when she was able to add to their expansive expertise with some new knowledge or up-dated policies and guidelines.

There continued to be confusion about the role of the EYFVA and how the role was being explained to clinical staff. The EYFVA had provided a number of informative education sessions and updated resources so that staff had access to latest policies, guidelines and local service providers contact details which were deemed to be extremely helpful. More time was needed to fully develop an understanding of what staff needed and to explore more effective ways to engage with staff to maximise their clinical time.

1.3 KEY RECOMMENDATIONS

There were a number of key recommendations that were generated from the evaluation of the EYFVA pilot program. The recommendations came under three categories, EYFVA role, education and resources and support for the EYFVA staff member.

1. In its current state the EYFVA role is discontinued, and further exploration of the support needed to benefit of a wide understanding and collaborative response to family violence is warranted.
2. Further development is required to clearly define and develop the job description for the EYFVA role.
3. Educational workshops and resources build upon the existing knowledge of the partner stakeholders.
4. The EYFVA is provided with clear role deliverables, expectations and support.

EARLY YEARS FAMILY VIOLENCE ADVISOR PROJECT EVALUATION

ADVISOR AIM

Support capacity building within the antenatal and early childhood sectors through access to specialist family violence expertise and advice in identifying, recognising and responding to family violence.



EDUCATION WORKSHOPS DELIVERED BY ADVISOR



50 staff attended workshops



Increased knowledge when responding to family violence



Digital resources, capacity building resources & tip sheets provided

“Good source of information and lots of resources to look back on”

STAFF
FEEDBACK

“I had no idea of the scale of this issue. This education means that I am now more likely to look for signs and symptoms of NFS [non-fatal strangulation]. Especially important in the emergency department”

“Awareness in identifying family violence, I see that as a win...because the more awareness, the earlier identification can happen.”

Early Years Family Violence Advisor (EYFVA)

“Right from the beginning the role wasn't perhaps clearly defined as it could have been and that's About what the role was looking like and the fact that it was a bit of a pilot project as well”.

Stakeholder



RECOMMENDATIONS

1. Current EYFVA pilot is discontinued and role redeveloped
2. Role is clearly defined
3. Education and Resources build upon existing knowledge
4. EYFVA is provided with clear deliverables and support

2. PROGRAM: THE EARLY YEARS FAMILY VIOLENCE ADVISOR

2.1 INTRODUCTION

The Early Years Specialist Family Violence Advisor Capacity Building Program contributes towards The Royal Commission to Family Violence (2016) which identified that family violence (FV) can have profound short and long-term effects on children and young people that may or may not be immediately apparent. These impacts on children who live with family violence may be acute and chronic, immediate and accumulative, direct and indirect, seen and unseen.

A report prepared for the Victorian Government in 2016 estimated that:

- In 2015-16, over **160,000** people in Victoria were estimated to have experienced family violence;
- The total cost of family violence in Victoria was estimated at **\$5.3 billion** in 2015-16;
- The costs borne by government for the provision of supports was estimated at **\$1.8 billion**;
- The costs borne by individuals and their families was estimated at **\$2.6 billion**;
- The costs borne by the Victorian community and broader community was estimated at **\$918 million**.¹

The Gippsland Family Violence Alliance report that in 2021 all Gippsland local government areas (LGAs) were listed in the top 20 areas in Victoria where a child was most likely to witness family violence, with Latrobe LGA recording the highest levels in the State.² In 2022, South Gippsland LGA recorded the 26th highest rates of family violence in the state with 528 calls for assistance made to Victoria Police. Baw Baw was ranked 30th, with 928 calls for assistance to Victoria Police. Family violence is estimated to cost Gippsland **\$300 million** annually, (Gippsland Family Violence Alliance (n 2)).

The Early Years Family Violence Advisor Capacity Building Program was designed to provide expertise and support for workers in the antenatal and early years sectors to identify and respond to family violence with their clients, whether they are experiencing family violence or perpetrating family violence. The Advisor role is part of a one-year Capacity Building Pilot for the South Gippsland local government area and antenatal and paediatric staff at West Gippsland Healthcare Group, which draws the majority of patients from the Baw Baw catchment area. The Advisor encourages joint practice and collaboration to assist in providing an enhanced response to family violence which promotes the benefits of a catchment-wide understanding and collaborative response to family violence.

2.2 POLICY CONTEXT

The Victorian State Government Royal Commission into Family Violence concluded that:

“Family violence can cause terrible physical and psychological harm, particularly to women and children. It destroys families and undermines communities. Sometimes children who have directly experienced family violence or have been exposed to it go on to become victims or perpetrators of violence later in life, so that the effect of family violence is passed to the next generation.”³

Pregnancy is recognised as a time of increased risk of family violence, and there is evidence that such violence can have an impact on the foetus.³

While every experience is personal and different, it is most common for family violence to be perpetrated against women, by men.⁴ Approximately 23% (2.2 million) women and 7.8% (704,000)

men have experienced physical and/or sexual violence at least once in their lifetime. An estimated 2.3% (212,000) of women and 1.3% (114,000) of men experienced physical and/or sexual intimate partner violence at least once in the last twelve months.⁴

Children can be exposed to family violence within their home or in the community. 66% (509,000) of women who had children in their care when they experienced previous partner violence, reported that the children had seen or heard the violence. 81,500 (45%) of women who had children in their care when they experienced current partner violence, reported that the children had seen or heard the violence.⁴

Women are at an increased risk of experiencing violence from an intimate partner during pregnancy. For women reporting physical and/or sexual violence, 22% experienced physical violence during pregnancy by a current partner and 25% have experienced violence during pregnancy from a previous partner. Family violence during pregnancy is associated with negative health and mental health outcomes for the foetus, mother and child:

- Complications in pregnancy and birth including low birth weight, premature labour and miscarriage, foetal stress and trauma.
- Maternal substance abuse and smoking.
- Maternal depression/anxiety/post-natal depression.
- Sexually transmitted infections.⁵

An Australian study of 1,507 first time mothers, Gartland, Woolhouse, et. al.⁶ found that 28% of mothers experienced intimate partner violence before their child turned four. Women with a history of physical or sexual abuse in childhood had significantly higher odds of reporting intimate partner violence in the first year after childbirth and at 4-year postpartum, 2.6 and 2.5 times higher respectively, compared to women not reporting a history of childhood abuse.

In recognition of the seriousness with which the Victorian community has come to regard family violence, the Victorian Government established a Royal Commission into Family Violence in 2015, with the final report published in March 2016.

Family violence is defined in Section 5 of the *Family Violence Protection Act 2008 (Vic)*:

Family violence is-

- (a) behaviour by a person towards a family member of that person if that behaviour-
 - (ii) is physically or sexually abusive; or
 - (iii) is emotionally or psychologically abusive; or
 - (iv) is economically abusive; or
 - (v) is threatening; or
 - (vi) is coercive; or
 - (vii) in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person; or
- (b) behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of, behaviour referred to in paragraph (a).

Recommendations from the Royal Commission included providing education and support to front-line workers, including those working with pregnant women and families engaged in early years programs, to ensure that victims of family violence receive appropriate support. The Early Years Specialist Family Violence Advisor is one avenue being trialled.

2.3 PROGRAM OVERVIEW

The Early Years Family Violence Advisor (EYFVA) project commenced in 2019 following recommendations arising from the Family Violence Royal Commission and a workshop held by the Inner Gippsland Children and Youth Area Partnerships. This workshop identified the need to improve the knowledge and confidence of the early years' workforce and to provide expertise to early years services inclusive of antenatal and early childhood services, and to ultimately encourage antenatal, maternal and child health and early years sectors to collaborate through the promotion of shared casework models.

The project stalled during the COVID-19 pandemic and recommenced with the appointment of a new Advisor in September 2021. At this time, it was agreed to pivot to focus on South Gippsland LGA and West Gippsland Healthcare Group, whereas the initial project had focussed on Latrobe City LGA. A Steering Committee comprising representatives from Department of Families, Fairness and Housing, Family Safety Victoria, South Gippsland Shire, West Gippsland Healthcare Group and Quantum Support Services was formed to oversee the project.

2.4 PROJECT DELIVERY / ACTIVITIES

The CERC was commissioned to explore the activities of the EYFVA, gaining an insight into how this role supports the antenatal and early childhood sectors to respond to family violence. This insight was gained from EYFVA project staff, stakeholders and steering committees, as well as the Advisor.

Data were collected from March 2022 – June 2023, capturing information from the inception of the Advisor role. Semi-structured interviews with EYFVA staff were undertaken during the first and second year of the program. An interview was also undertaken with the Advisor to gain an understanding of their thoughts, perceptions and actions of the role. Engagement fieldnotes provided by the Advisor were analysed, to gain a broader understanding of the reach of the role and the impact it may have had on early childhood sectors.

Working in partnership with the EYFVA stakeholders and steering committee, the CERC provided capacity building workshops and assisted with general project management. The workshops allowed for a pause and reflect moment in the project, providing opportunities to identify benefits and barriers to the projects success. Overarching project management by CERC ensured that project direction was maintained and Key Performance Indicators (KPIs) were met as guided by the EYFVA steering committee.

3. THE EVALUATION

3.1 AIM OF THE EVALUATION

The aim of this evaluation was to measure the impact of the EYFVA as they provide expertise and support for workers in the antenatal and early year's sectors to identify and respond to family violence with their clients.

3.2 EVALUATION RESEARCH QUESTIONS

The key evaluation research questions included:

1. What is the impact of the EYFVA program on the confidence and competence levels of health professionals/facilitators working in the antenatal and early childhood sectors regarding issues of family violence?
2. What is the impact of this program in supporting workers in the antenatal and early childhood sectors to respond to family violence issues?
3. What are the perceived benefits and challenges of this service for workers in the antenatal and early childhood sectors?

3.3 DATA COLLECTION / TOOLS USED

A mixed methods exploratory design was used to evaluate the EYFVA project. Individual and focus group interviews were undertaken with EYFVA staff, with a thematic analysis conducted. Analysis of the Advisor engagement fieldnotes was also undertaken, as well as an interview with the Advisor to understand their experience of the role. A content analysis was performed on this individual interview.

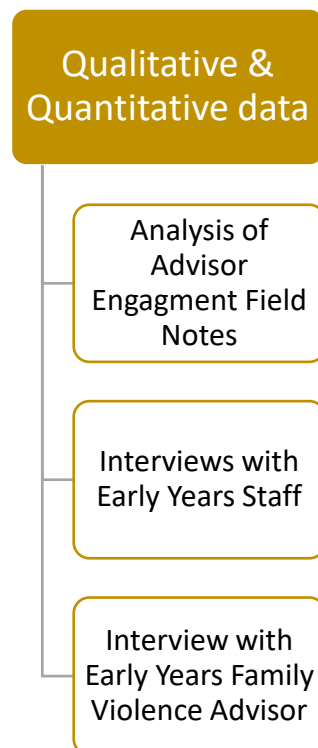


Figure 1: Data Collection Tools

4. EVALUATION FINDINGS

4.1 ANALYSIS OF ADVISOR FIELD NOTES

INTRODUCTION

The EYFVA was appointed to support capacity building within the antenatal and early childhood sectors through access to specialist family violence expertise and advice in identifying, recognising and responding to family violence. The role was designed to strengthen networks and collaboration between agencies and across antenatal, maternal & child health and early years sectors.

Family violence reform requires a multi-faceted approach, as highlighted in the 227 recommendations arising from the Royal Commission. Outcomes of this report determined that a number of stakeholders were involved in working with and supporting family violence victims/survivors and perpetrators. In recognition of the broad range and nature of family violence services in South and West Gippsland, the EYFVA engaged with many stakeholder groups (refer Table 1). For some that involved attendance at monthly meetings, for others it was a single interaction either in person or online to explain the role and function of the EYFVA.

Engagement partners

	Stakeholder
1	Gippsland Family Violence Alliance – 36 member agencies
2	Bass Coast and South Gippsland Partnership to prevent family violence
3	Quantum Support Services
4	South Gippsland Shire Council
5	West Gippsland Healthcare Group
6	Latrobe Community Health Services
7	South Gippsland Maternal & Child Health, Children & Family Services Team
8	Victoria Police

Table 1: Stakeholder Engagement

The EYFVA field notes outlined the activity of the role throughout the evaluation period and could be divided into four categories, partner / stakeholder engagement, resources developed, education sessions and secondary consults. Interactions were varied and often included follow up email communication and the sharing of resources and education materials. The majority of the stakeholder engagement included attendance at regular monthly or fortnightly team meetings on site with the various industry partners. The majority (n=20) was with Gippsland Family Violence Alliance PSA and Advisor meetings, followed by Gippsland Family Violence Alliance (n=11), Partnership to prevent family violence meeting Bass Coast & South Gippsland (N=11) and QSS Family Violence meeting (N=11). The EYFVA attended a number (n=30) of one-off meetings with partners. There were two formal workshops (Children's safety planning workshop & Family Violence Education Workshop – near strangulation) and three education sessions conducted during the evaluation period.

Activity	No of interactions*	Email communication
Partner / stakeholder engagements	85	7
Resources developed and /or sent	15	7
Education sessions / workshops	5	2
Secondary consults / contacted for advice / case discussion	33	47

Table 2: EYFVA activity. *Interactions include attendance at regular site meetings



Figure 2: EYFVA locations

The vast distance between locations in Gippsland was a challenge associated with providing services in rural and regional Victoria. Figure 2 tracks the locations where the EYFVA interacted with front line workers. Recognising that family violence occurs in all locations and across every socio-economic demographic, the towns visited by the Advisor ranged in size from Warragul (19,856 people, 1,229 children aged 0-4 years) to Foster (2,044 people, 59 children aged 0-4 years) and Nyora (1,644 people, 88 children aged 0-4 years).⁷

Individual / Front Line Worker Interactions	
1	Enhanced Program Maternal & Child Health Nurse – Leongatha
2	Enhanced Program Maternal & Child Health Nurse – Mirboo North
3	Family Violence Mental Health Advisor
4	Karmai Community Children’s Centre
5	Maternal & Child Health Nurse – Leongatha
6	Maternal & Child Health Nurse – Mirboo North
7	Maternal & Child Health Team Leader
8	Pre-School Field Officers
9	Prom Coast Centres for Children – Foster
10	Supported Playgroup Facilitator
11	Universal Program Maternal & Child Health Nurse – Korumburra
12	Universal Program Maternal & Child Health Nurse – Nyora
13	West Gippsland Healthcare Group Maternity Ward
14	West Gippsland Healthcare Group Social Work Department
15	West Gippsland Healthcare Group Social Worker

Table 3: Individual / Front Line Worker Interactions

The EYFVA made themselves available for individual advice and support for front-line workers if requested. Table 2 shows the breadth of interaction with front-line workers including maternal and child health, early years and hospital staff. There were multiple interactions with some individuals through in-person visits, online and correspondence. Other staff required only single interactions.

Developing and Sharing Resources

The EYFVA was a central point for front-line workers and organisations to contact for specific information relating to family violence. This reduced waiting times for practitioners when seeking information on family violence resources in time critical scenarios. Examples of resources shared included:

- Capacity building resources
- PowerPoint presentations
- Tip sheets
- Digital resources

The EYFVA also developed specific resources for practitioners. An example was the maternal and child health team who requested more information about how to document family violence. Digital resources created and provided included:

- Documenting family violence.
- Ten tips to document family violence.
- Examples of how to document family violence.

Family Violence Education Workshop

In September 2022 and March 2023, the EYFVA facilitated family violence education workshops at Karmai Community Children’s Centre. A total of seventeen staff attended the September 2022

workshop, and fourteen staff attended the March 2023 session, with feedback about content and quality from the March workshop was very positive (refer Figure 3). All staff agreed they had increased their knowledge about family violence. Below was written feedback provided by participants from the workshops:

“Was great, maybe a 1.5-2 hour session to slow slides down but I understand it was late and staff wanted to go home.”

“Was a great workshop, very informative and helpful.”

“Good source of information and lots of resources to look back on.”

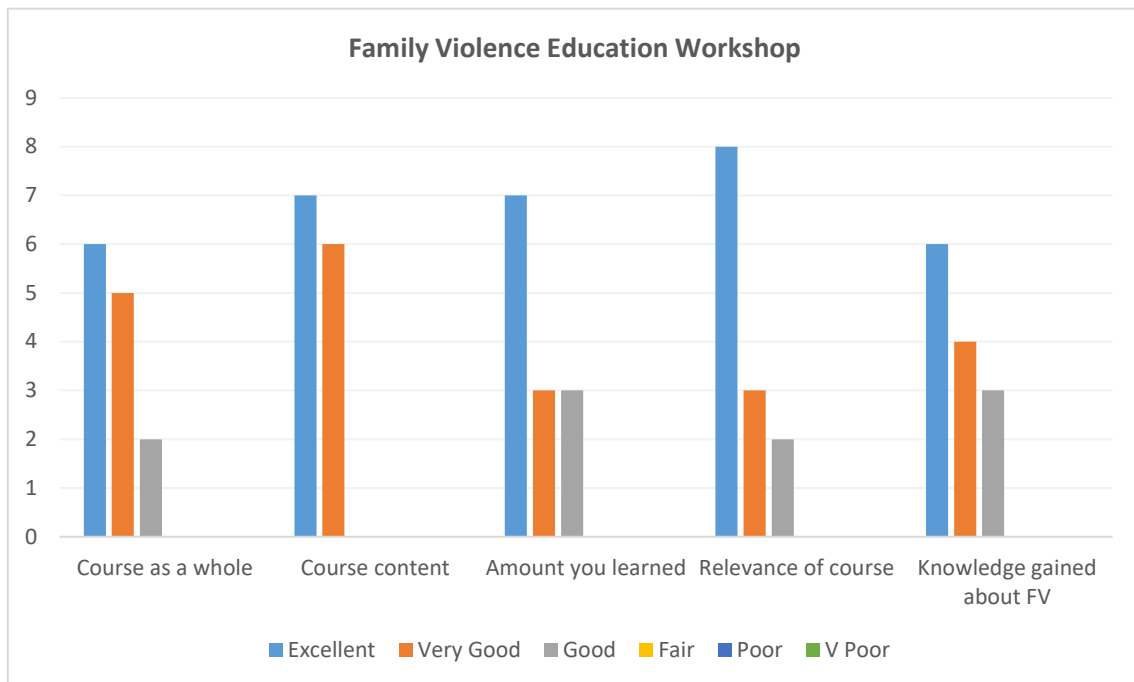


Table 4: Family Violence Education Workshop Evaluation - March 2023

Several evaluation forms for the September 2022 workshop were incomplete, however for the ten forms completed participants believed their knowledge about family violence and recognizing signs of family violence had increased as a result of the workshop, refer Figure 4, (1 = Poor and 4 = Excellent).

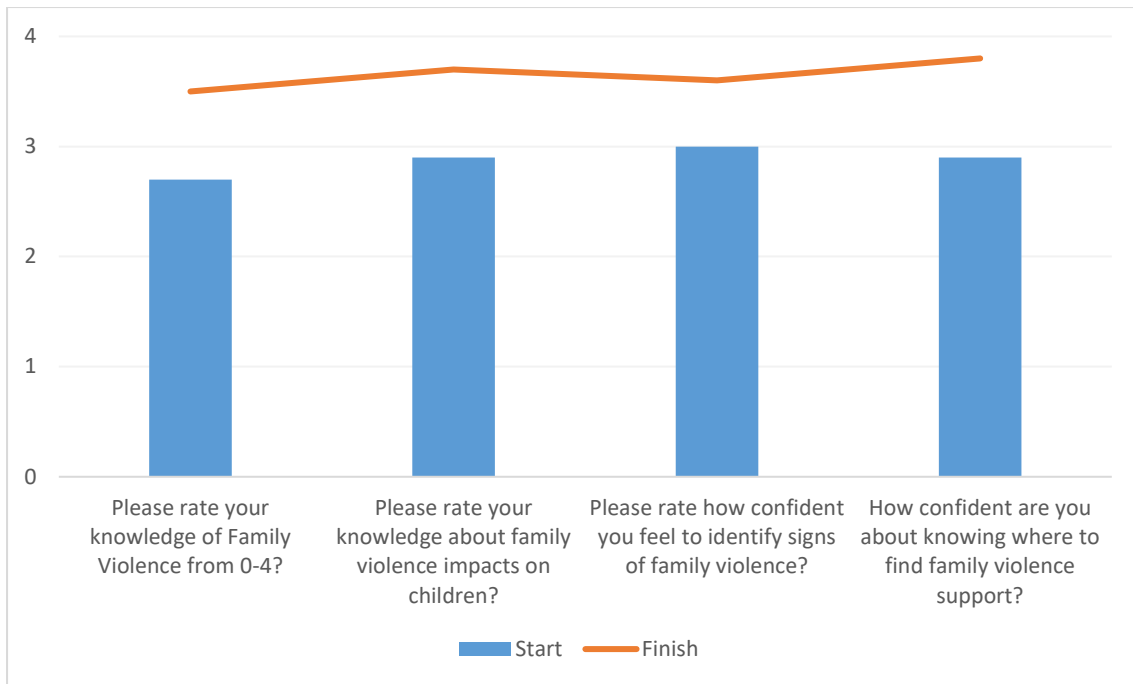


Table 5: Family Violence Workshop September 2022 Results (Mean Score for Participants)

Strangulation Education Session

In March 2023, the Advisor facilitated an education session with front-line workers at the West Gippsland Healthcare Group (WGHG). This education session focused on non-fatal strangulation, assisting front-line workers in identifying and reporting incidences that come through the emergency department. The session included presentations from the Advisor on their role and how to report incidences, and a presentation from Victoria Police on the clinical signs and symptoms of non-fatal strangulation.

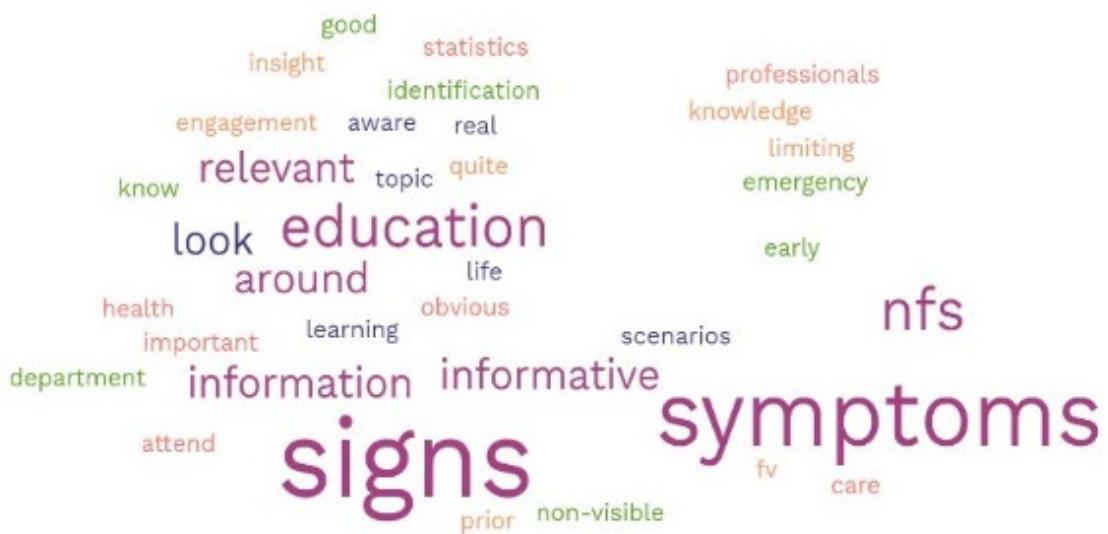


Figure 3: Themes from Non Fatal Strangulation Workshop

The session was attended by 23 frontline workers, with workshop feedback gathered from 19 participants. Of those who completed the workshop feedback, 100% of participants strongly agreed or agreed that the workshop was relevant, structured to assist in learning and that the workshop facilitator promoted discussion and group interaction. Featured below is a word cloud of common words stated by workshop participants in feedback provided.

Participants reported that learning about signs and symptoms, including some of the less common signs and symptoms, was an important feature of the training.

“Learning some of the less common signs and symptoms to be aware of”

“Images of signs and symptoms”

“Early identification of non-visible signs and symptoms”

Participants also appreciated being able to learn more about family violence (FV) and non-fatal strangulation (NFS).

“...my knowledge prior was quite limiting. This has opened my eyes around this. Gained more insight into FV and some not obvious signs and symptoms around NFS and what to look out for.”

“Really informative. I have extensive education on the psych aspects but limited understanding/knowledge on physical signs and symptoms.”

“Education – on what to look for and the high alarming figures, the importance of the hospital and assisting victim and VicPol.”

“I had no idea of the scale of this issue. This education means that I am now more likely to look for signs and symptoms of NFS. Especially important in the emergency department.”

Approximately 73% of participants were extremely likely to recommend the workshop to others, giving it a 10/10 score. Two participants rated the session as 7/10, one at 8/10 and one at 9/10. 100% of respondents rated the workshop at 7/10 or higher.

4.2 THEMATIC ANALYSIS – INTERVIEW WITH EARLY YEARS FAMILY VIOLENCE ADVISOR STAKEHOLDERS IN 2022

INTRODUCTION

The EYFVA has worked in a range of settings, including local government, maternal & child health centres, early years centres, and maternity units in regional hospitals across Gippsland. Each health setting has different staff types with varying knowledge of family violence, who may have interactions with potential victims of family violence. Individual interviews were conducted with eight key stakeholders of the EYFVA project, and a focus group was conducted with two additional key stakeholders, gaining their diverse perspectives of the project and the Advisor role. Thematic analysis of the transcribed interviews and focus group revealed three themes. The themes are “**Lessons learnt**”, “**Challenges and role delineation**”, and “**Hope for the future**”.

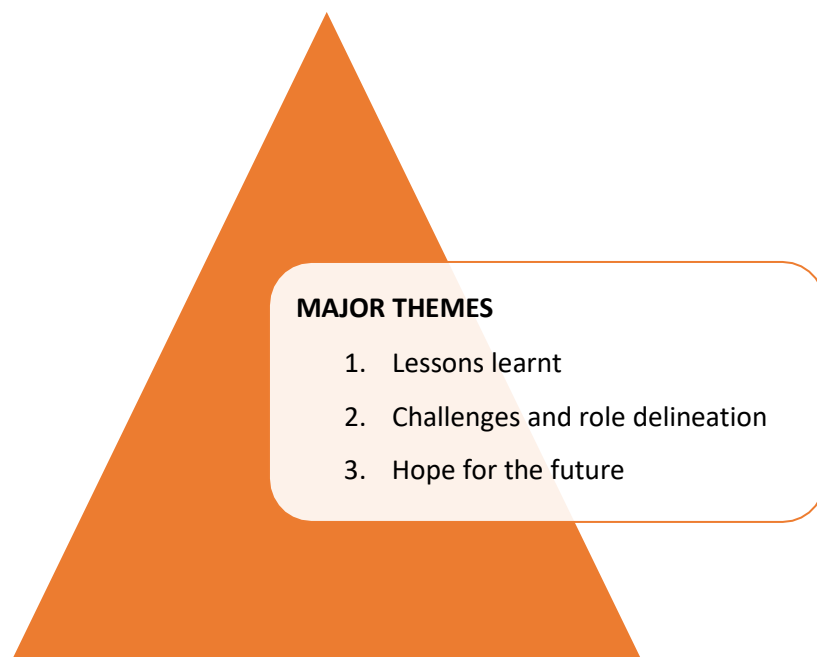


Figure 4. Thematic analysis themes – EYFVA key stakeholders 2022

Theme 1 – Lessons learnt

Lessons learnt captures concepts that emerged from the data relating to the EYFVA role and how it can support staff working with families, the linking of services to others that assist when there are concerns regarding family violence, and the flexibility required in the role to service a large geographical area. Participants described how the EYFVA provided a link for them to established family violence services that they could seek further information, or they could refer to directly. Services such as “*The Orange Door*” were used frequently, a service that supports parents and children in danger of domestic violence. There was also a shared appreciation of various professional’s backgrounds and the work that they do with families in the early years. The following quotes highlight the important linkage that the EYFVA was able to provide to stakeholders:

“So that role was a really good connection for us between us and The Orange Door”.

“...oh it’s not more work, it’s actually great because you’ve given me this referral option or I’ve been able to talk about this...”

“If there’s any problems with referrals, like if they’re referring to Orange Door but things have taken weeks or maybe being rejected...I’ve arranged a meeting with Orange Door and the social workers so that they could ask questions”.

The EYFVA needs to be flexible around these early years services workflows as staff availability leads often to working outside normal hours to travel to and from these centres to consult and provide education. The EYFVA worked across the large area of south and west Gippsland. Both areas come under different local governments and services are different in each area. Gaining an understanding of the services and culture in each area to respond to their needs reflected another lesson learnt:

“I think the thing is just about being flexible... the EYFVA is driving across generally to meet with them [early years services] after three o’clock because they’re not finished until that time, so yeah”.

While there are lessons learnt, once this program was established there were also some concerns regarding definition of the EYFVA role and functions that could be provided.

Theme 2 – Challenges and role delineation

The second theme revealed the need to clearly define the role of the EYFVA for all stakeholders. Participants identified many areas where there was significant contrast between what they thought the role would deliver and provide and what the role essentially provided. It appeared the original concept for the program was capacity building in early childhood service providers so they could identify and support children who were at risk of family violence. Various stakeholders appeared to be under the assumption the EYFVA would conduct initial consultations and make referrals for them. The following quote highlights the role in terms of capacity building:

“...that’s really what [their] part of [their] role is, that capacity building within the other sectors around go okay, look, if I’m no longer here this is who you can ring...”

From the perspective of the EYFVA, the following quote highlights this same perception of the importance of capacity building.

“Ideally you want people to have the capacity or be confident enough to seek advice and hopefully, you know, secondary consultations aren’t just with me. They can do that with family violence services or something if they need to”.

How stakeholders experienced interactions with this Advisor position, and the EYFVA trying to establish the program revealed the challenges with the program, stemming from incongruence between what participants expected the role would encompass and what the role delivered. Challenges described from the program perspective were mainly focused on misunderstanding of the EYFVA role and functions as expectations were quite broad. This is reflected in the following quote:

“...the first time there were some real frustrations around this secondary consult. And it’s not doing the actual work, and our midwives couldn’t comprehend the model. It’s not a model they were used to and it was like but ‘why is it a secondary consult?’ ‘Why can’t they just do the work?’ ‘Why can’t they just make the referral?’”.

Not understanding the role and availability of the EYFVA and multiple professionals working in the same space led to some misdirected referrals as described by both service providers and the EYFVA in the following two quotes.

Service provider

“...initially you know we were trying to get all the midwives to come directly to the EYFVA, which they can. Some of them still just go to the social workers, so then the social worker will bring that back to the EYFVA”.

EYFVA

“But I don’t always get utilised because people too busy doing their jobs, of course, and not consulting all the time, but they always refer to social work. I know that”.

The COVID-19 pandemic was present when this program commenced, which resulted in some challenges in rolling out the program, accessing health services and providing training. Whilst this barrier has largely resolved it was worth noting as a challenge initially to the program. This is evidenced in the following quote:

“...bought some resources and things and they said, no, no, we don’t want you talking about family violence just talk about your role and have some resources because we are just having our first meeting since COVID”.

Although there were challenges and it is apparent there was a need for clear communication regarding the role and functions of the EYFVA, most participants also talked in terms of future directions of the program which is presented in the next theme.

Theme 3 – Hope for the future

The final theme encompassed what participants saw as potential future benefits of the program to augment their daily work. It also outlined additional areas that could be incorporated into the program in future. Benefits to the program were seen as capacity and confidence building amongst staff who had either engaged with the EYFVA or what they envisaged was could be included in the role of the EYFVA. Ideas for the future covered three main areas; accessible on demand resources, future expansion/functions of the EYFVA program, and the influence of the program on participants own practice.

The accessible resources available on demand were described as online learning packages, short films, and links to relevant referral services. These were envisaged as additional to the in-person education provided by the EYFVA and a replacement when staff could not attend in-person sessions. There were suggestions of what could be included in these resources as explained by the following participant:

“But if you can actually have a resource that you go well actually when everybody is starting as part of your induction, I’d like you to watch this. You know even if it’s just a 10-minute video that tells you a little bit about how do you ask those questions? What do you do once you know that there is family violence? How do you do a basic safety plan?”.

A quote from another participant highlights the need for both interaction with the EYFVA, and resources to refer to at other times:

“So, a combination of mentoring and advice, resources and training were what we were kind of after”.

The second area most often discussed by participants was what they hoped would be included for the EYFVA program in future. In particular, participants described what they saw as gaps and proposed how these could be addressed:

“I think that what would be really valuable is if that person in that role did work closer with Orange Door on providing some training to our staff because I do think that’s a gap at the moment”.

“I think it’s a program that can emerge and it would become almost second nature that the EYFVA is there, and [they] get used more for secondary consults rather than sort of a need to spruik for business almost”.

The third area of hope for the future of the EYFVA was that it could have a positive influence on individual participants roles in their own area of practice. Future directions for some services were imagined from the interactions with the EYFVA:

“Actually, it’s really interesting, so two of the social workers at the hospital have decided they want to hold a group for new mums that they have identified are at higher risk...and I think it has come out of some of the work that they have done with EYFVA, is that we need to have some more supports in place for these mums. They leave the hospital and then what happens for them?”.

“The hospital have talked about an enhanced antenatal service where they’ll have social work sort of linked in because they’re actually not funded to have social work...”

These hopes for the future of the role of the EYFVA indicated that stakeholders are considering the longevity of the role.

Conclusion

This section of the report has highlighted the key findings of the thematic analysis of the participant interviews in relation to their views, experiences, and perceptions of the EYFVA program. These findings assist in developing an understanding of the many considerations for early years staff as they manage this aspect of their practice within various healthcare settings. Family Violence recognition and notification is an intricate process that may be influenced by a variety of factors including lessons learnt, challenges and role delineation, and hope for the future.

4.3 THEMATIC ANALYSIS – INTERVIEW WITH EARLY YEARS FAMILY VIOLENCE ADVISOR STAKEHOLDERS IN 2023

INTRODUCTION

Interviews with key stakeholders were repeated in June 2023, gaining perspectives from those who continued to work and liaise with the EYFVA. An individual interview was conducted with one key stakeholder of the EYFVA project, and a focus group was conducted with four additional key stakeholders, gaining their diverse perspectives of the project and the Advisor role. The questions were designed to explore how staff had interacted with the Early Years Family Violence Advisor (EYFVA) role and how the role has impacted on their knowledge of family violence. The interviews lasted between 34 and 51 minutes using a semi-structured interview technique to explore the experiences of the participants. There were three themes generated from the thematic analysis which describe the piloting of the early year's family violence role across West Gippsland and South Gippsland in Victoria. The themes included **“Role confusion”**, **“Helpful resources”** and **“Understanding what was needed”**.

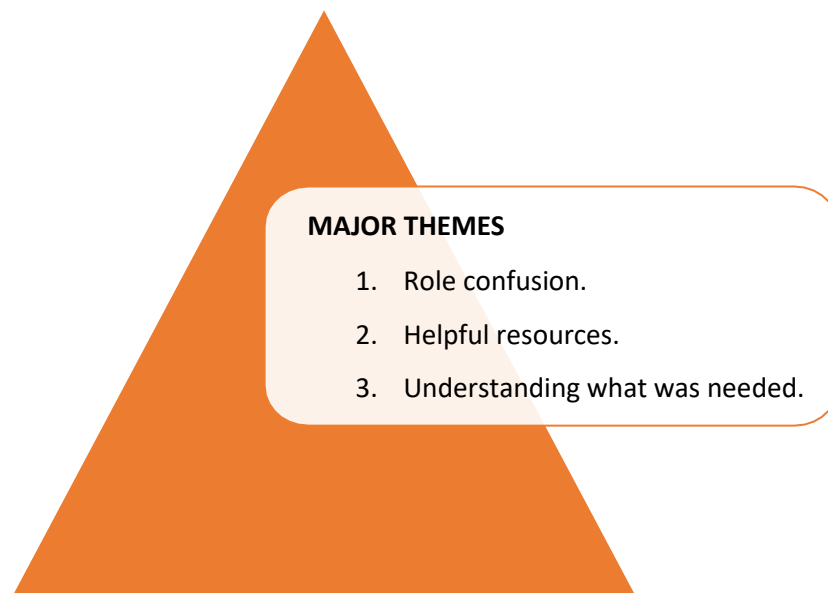


Figure 5. Thematic analysis themes – EYFVA key stakeholders 2023

Theme 1 – Role confusion

There remained confusion as to what the EYFVA role was intended for, with many clinicians expecting that there would be direct assistance even picking up the client cases where it was suspected family violence may be a factor. However, the role was never intended to be a clinical role and thus staff continued to be unsure as to when to engage with the EYFVA.

“One of the challenges at the beginning for everyone to understand...there to be able to consult but that she couldn't work directly with the patients or the clients that we were working with”.

The piloting of the EYFVA role meant that the person allocated to the role had input into the shaping of the role, the type of engagement and the scope of the work.

“Right from the beginning the role wasn't perhaps clearly defined as it could have been and that's About what the role was looking like and the fact that it was a bit of a pilot project as well”.

This led to continued confusion not only from the EYFVA but also from those staff that she interacted with. The role also went across large regional geographical areas and two very different and distinct disciplines early years education and care (childcare and kindergarten) and acute hospitals (midwifery departments) having to navigate complex systems.

“It was just really hard for us to grasp how we were going to help facilitate the role even and maybe that’s because it’s a confusing service system anyway the early years”.

It was important that the person allocated to the EYFVA role had expert in both family violence and the unique services.

“You would need somebody who not only has the family violence experience, but a broader understanding of a large system, and how you infiltrate that system to make sure that the system gets the best out of what you can provide”.

Confusion about the role was a mentioned by all of the participants interviewed, interesting many had been involved in the project from the beginning and also attend the project advisory group. Regardless, the role was never clearly articulated to staff which left people confused as to how and when to engage with the role.

“People were very interested to hear, But I think it was early on in the role, I think she was maybe confused about her role too. But we were all very confused about what the role was to be honest”.

“I think the teachers were incredibly interested in what they thought it was going to be. But unfortunately the information given was a little confusing”.

The participants all agreed that having access to an expert on family violence was invaluable, however many felt that in its current form the EYFVA did not meet the expectations of the clinical staff.

“From the midwifery point of view, I think they felt the role was going to be having someone there that not only could they consult with about family violence but that that person would then pick up and run with issues and clients who were experiencing family violence”.

Theme 2 - Understanding what was needed

The participants had some very clear ideas and understanding of what the role could be and how it could make a difference in the midwifery and early years areas.

“It was hopefully going to be a role that could provide some education and a role that could provide up-to date resources on family violence, up to date resources on the services in our community and how we could best engage with those services”.

They saw it being able to provide not just expertise and advice but also up-skill the staff through education and training.

“Role could be in a capacity building for professionals in how to manage those situations with family violence”.

The participants spoke about their engagement with the EYFVA, working in partnership with her to engage with the general staff. At times it was difficult to find a suitable time or day to meet with staff. Many of the participants felt that they were even coming up with topics and arranging the meetings to support the EYFVA.

“It wasn’t always that we wanted to spend that time doing that so then it was trying to find something or someone we could make that session useful, and generally we did find something interesting to talk about and I always learnt something but she certainly made”.

Education on family violence and trauma was provided however many of the staff had completed trauma training recently and therefore were not in need extra training, participants however were seeking to learn how to engage with families, to have difficult conversations and to gain trust in order to commence discussing issues around family violence.

“In the initial presentation she was doing a lot of chatting about trauma which the teachers have actually all had a lot of training in trauma recently. That wasn’t the information that they were hoping to get. They wanted more about how to approach those families that they thought were experiencing family violence”.

In addition to the up-skilling the staff were hoping to understand how to navigate the processes into support services.

“To support us in supporting the family, to know how to link them into the services that they might need. How to have those challenging conversations, how to support them through the process, I think they all want that kind of training”.

The EYFVA was able to assist staff with making stronger connections with certain services which helped to link families into services quickly.

“She was able to hasten the process of us being connected to services and more recently helped me to be able to escalate a case through the Orange door so that we could ensure someone was linked to a worker”.

In addition, the EYFVA was able to link the staff up to local resources, providing the names of the specialist that they could contact to speak with which was deemed to be very helpful.

“Certainly, was able to give me just an update on just local resources to refer to that I hadn’t known about and some of the names they change so quickly some of those support services that was helpful”.

The participants interviewed all had senior leadership roles within their organisations and in addition to managing their workloads they were supporting the EYFVA in her role which often resulted in relaying conversations between the staff and the EYFVA which added to their workloads.

“Midwives would then consult with me and I would take those consultations to the EYFVA. Not because I didn’t necessarily know what to do, but I wanted to give her that consultation role and we would talk about those clients together. The only problem was that was also doubling my work”.

Theme 3 - Helpful resources

The EYFVA was able to provide some very useful resources for the staff during the project period which in some instances have been incorporated into their training manuals and ward resources.

“One of the most valuable things was to help connect various social work staff with some great resources in the community”.

The EYFVA was often presenting to experienced staff it was therefore optimal when she was able to add to their expansive expertise with some new knowledge or up-dated policies and guidelines.

“We had a good session around safety planning for a family that gave me a couple of ideas I perhaps hadn’t thought of”.

The participants noted that it was good to be able to have resources updated.

“Providing resources, or more information about the services in the community, they could see that as valuable. So we talked quite a lot about EYFVA working on updating resources, updating folders that were in the clinic, doing education”.

The EYFVA did a number of short presentations and information sessions with staff, she was then available to be consulted as required.

“EYFVA came and did a short presentation to the teachers group and then it was more up to if the individual teachers wanted to get information from EYFVA, she gave them her contact details”.

Further, staff were able to talk through their cases with the EYFVA to gain insight into the best course of action.

“The most helpful thing for us is if we’ve got a client or a family that we’re just a little unsure about in terms of family violence or just wanting a bit of support or guidance about how to move forward or just explore the issues a little more its helpful to have someone like that to consult with”.

The EYFVA arranged for a senior constable from the Victorian Police to be a guest speaker at a workshop held in a local regional hospital which was well attended. The topic of the presentation was on near strangulation and provided staff with information around what to look for in examination and also complications post that could result in long term damage.

“The police person who came along he brought with him some resources as well, which we now have been able to incorporate into our family violence training package here at the hospital that was very valuable”.

The participants acknowledged that the EYFVA was very knowledgeable and that she was extremely passionate about reducing the incidence of family violence in Gippsland.

“She is committed to the safety of women and children and that’s palpable when you talk to her and I really, really value and appreciate that about her”.

Conclusion

There continued to be confusion about the role of the EYFVA and how the role was being explained to clinical staff. The EYFVA had provided a number of informative education sessions and updated resources so that staff had access to latest policies, guidelines and local service providers contact details which were deemed to be extremely helpful. More time was needed to fully develop an understanding of what staff needed and to explore more effective ways to engage with staff to maximise their clinical time.

4.4 INTERVIEW WITH THE EARLY YEARS FAMILY VIOLENCE ADVISOR

INTRODUCTION

An interview was conducted with the EYFVA at the close of the pilot project. This interview was designed to capture the experiences of the Advisor, their attitudes, perceptions, understanding the strengths and weaknesses of the role. The interview was conducted in June 2023 and was 53 minutes in duration. The Advisor was asked a series of questions about their experiences in the role and how they see the development of the role if it were to continue in future.

Interview with the Early Years Family Violence Advisor

The EYFVA explained that they have worked in a range of settings throughout the duration of the pilot project, including local government, maternal & child health centres, early years centres and regional hospitals across Gippsland. Each of these health settings utilised different staff, with varying knowledge of family violence, and had interactions with potential victims of family violence. The purpose of the EYFVA was to implement *“capacity building and secondary consults within the health sector and in the early years area”* in relation to family violence. Given their years of experience working in the family violence sector, the EYFVA was a wealth of knowledge and support for health professionals.

Secondary consultations are common practice within the social services space and designed to assist staff from non-family violence services to seek guidance and clarification from family violence specialists. Secondary consults provide the opportunity for health professionals to increase their understanding of family violence and build their capacity to respond to red flags. Building capacity and understanding takes time however, and the EYFVA explained it was challenging *“trying to make time to have those consults with people that have back-to-back appointments.”* The EYFVA role was designed to be proactive and provide opportunities for education and consultation. However, there was *“not a lot of opportunity to plan things, it's more reactive”*, meaning health professionals had limited time to spend with the EYFVA, further compounded as the EYFVA worked across multiple sites and settings. Secondary consults are not very common within a healthcare setting, therefore confusion surrounded the role:

“There was a little misunderstanding about what my role was...there was a bit of expectation to have more connection to Orange Door information, and just being able to find out more than I could.”

To assist the incorporation of family violence consultations into the current health care system the EYFVA prepared current information for health professionals to ensure best practice.—The EYFVA *“would research what had come out from the Department of Health, [including] updates for family violence for maternal child health nurses”* and utilise this information when providing education to staff. The EYFVA explained warning signs all health professionals should look out for:

“There's certain things like recent separation, pregnancy, unemployment, those red flags that we talk about... it could be possible that family violence occur for the first time, even if it's never happened before.”

The EYFVA justified that these common red flags do not always mean family violence present, *“but that's something that could escalate into family violence.”* For those health professionals working in the hospital, *“it's a really small window in maternity, so you do rely heavily on the recognition from antenatal.”* This was a key rationale for the EYFVA working across both healthcare areas. *“For early years, it's identification and referring on, it's not about managing risk and it's about early*

identification". The EYFVA emphasized the importance of health professionals understanding their responsibility was not to intervene or manage family violence. However, it was their role to be aware of the red flags, and refer accordingly:

"Awareness in identifying family violence, I see that as a win...because the more awareness, the earlier identification can happen."

MARAM is the Family Violence Multi-Agency Risk Assessment and Management Framework is best practice for Family Violence screening within Victoria. The EYFVA explained that health professionals, especially those working in the Maternal Child Health Centres, *"know about MARAM, they know about information sharing. But they don't know how to do it, when to do it, or why to do it."* This was clearly demonstrated when health professionals would request family violence history information for their patients from the EYFVA. She explained *"I'm happy to request information, but I actually need to have a purpose for it"*. Opportunities for the EYFVA to provide education regarding her role was challenging as she was across a large local government area.

This issue was raised by the EYFVA, *"South Gippsland was a challenge geographically"*. Not only did this impact the amount of time it took the EYFVA to travel between healthcare sites, but *"because it's just so spread out"* knowing the areas and the teams was increasingly difficult. A key aspect of the EYFVA role was to advise health professionals of available family violence support services. However as *"services are few and far between"* this added a further layer of complexity to the role of the EYFVA. The primary location of the EYFVA changed on multiple occasions throughout the project.

To increase utilization of the EYFVA, *"sitting there is really key"* to being easily accessible and front of mind for the health professionals. This also assisted the EYFVA to overcome challenges faced in her role, including understanding different organisational structures within different healthcare settings. Moving forward, to increase efficacy the EYFVA advised the role *"really needs to sit with the one council or the one hospital"*. This would allow the EYFVA to be easily accessible by health professionals, increasing family violence awareness and capacity across the region.

5. DISCUSSION AND RECOMMENDATIONS

The discussion will focus on the two research questions that were addressed in this significant body of work to explore the implementation and facilitation of the Early Years Family Violence Advisor

1. What is the impact of the EYFVA program on the confidence and competence levels of health professionals/facilitators working in the antenatal and early childhood sectors regarding issues of family violence?

There was some evidence of the EYFVA enhancing confidence and competence levels of health professionals following the three education sessions that were delivered during the pilot program. Post education evaluation forms contained questions that were designed to measure confidence levels however the numbers of responses were too small to see any statistically significant results. Many stakeholders mentioned being confused around the purpose of the EYFVA with many noting that the role was not fit for purpose in its current state.

2. What is the impact of this program in supporting workers in the antenatal and early childhood sectors to respond to family violence issues?

The pilot program showed some promise in the ability of the EYFVA to recognise knowledge gaps in particular the updating of guidelines and family violence resources. However more exploration was warranted to build upon existing knowledge and to address learning needs of the sectors.

3. What are the perceived benefits and challenges of this service for workers in the antenatal and early childhood sectors?

Although there were suggestions on how to resign and redevelop the EYFVA there was overwhelming support and recognition of the need for further support of staff who work in antenatal and early childhood sectors. The challenge remains to ascertain how that support is provided which will differ between sectors and also the role itself in its ability to support family violence through to engagement with staff and clients. The benefits were not fully realised during the pilot, through a combination of covid restrictions, an inability to connect with organisations and the need to develop targeted learning opportunities for staff. Further exploration of the EYFVA could yield positive results for the antenatal and early childhood sectors and reduce the incidence of family violence.

5.1 RECOMMENDATIONS

There were a number of key recommendations that were generated from the evaluation of the EYFVA pilot program. The recommendations came under three categories, EYFVA role, education and resources and support for the EYFVA staff member.

EYFVA role

1. In its current state the EYFVA role is discontinued and further exploration of the support needed to benefit of a wide understanding and collaborative response to family violence is warranted.
2. Further development is required to clearly define and develop the job description for the EYFVA role.
 - a. The EYFVA has the ability to clearly articulate the role and the support that it provides to early year staff.
 - b. A job description is developed as a one pager that can be given to partner organisation and staff.
 - c. Time is taken to establish relationship and build rapport with partners to enable full utilisation of the EYFVA role.
 - d. The job description outlines the skill set, comprehensive interprofessional communication skills required, level of expertise and ability to adapt to a variety of learning environments as part of the role. Ensuring the right skill set for the role is obtained.
 - e. Using a co-design approach with key stakeholders the EYFVA role is redesigned and redeveloped to establish clearly defined measurements of engagement and success.

Education and resources

3. Educational workshops and resources build upon the existing knowledge of the partner stakeholders.
 - a. Time is taken to understand the expertise of the early years staff at partner organisations.
 - b. Education sessions and resources are tailored to the learning needs of the partner organisations.
 - c. The EYFVA has a focus on ensuring stakeholders have current resources and practice guidelines.

Support for EYFVA staff member

4. The EYFVA is provided with clear role deliverables, expectations and support.
 - a. The funding lead agency provided professional development opportunities for the staff member acting in the EYFVA role.
 - b. Regular debriefing is provided to enable the EYFVA person an opportunity to process family violence related information.
 - c. Regular meetings are provided to confirm and reassure the EYFVA on the approaches and strategies suggested to stakeholders.

6. LIMITATIONS

There were limitations related to this evaluation that must be considered. These include:

1. The COVID-19 pandemic impacted the ability to gather timely data within the desired schedule. The pandemic restrictions may also have impacted the Advisor's ability to facilitate face to work workshops and seminars due to density limits.
2. There were very few early years stakeholders and partners that engaged with the EYFVA and were contactable to speak to about their experiences of engaging with the EYFVA.
3. The distance covered by the EYFVA didn't allow for long periods of engagement or time to build rapport with key staff at each local government area.
4. The statistical data relied on the ability of the EYFVA to gather accurate data at workshops and education sessions which were often informal in nature.

Despite these limitations, the evaluation is considered to present a credible assessment of the project.

7. METHODOLOGY

7.1 CONCEPTUAL FRAMEWORK

The approach of the CERG to this evaluation was informed by a Participatory Evaluation and Co-Design Framework.

PARTICIPATORY EVALUATION

A participatory evaluation framework puts people from the community and those delivering the programs, projects and services at the centre of the evaluation. Participatory evaluation is a distinctive approach based on the following principals:

- That evaluation should be a co-designed, collaborative partnership through 360° stakeholder input including project participants and project funders;
- That integral to evaluation is an evaluation capacity-building focus within and across projects;
- That evaluation is a cyclical and iterative process embedded in projects from project design to program assessment;
- That evaluation adopts a learning, improvement and strengths-based approach;
- That evaluation supports innovation, accepting that projects will learn and evolve;
- That evaluation contributes to the creation of a culture of evaluation and evaluative thinking;
- That there is no one or preferred data collection method rather the most appropriate qualitative and quantitative methods will be tailored to the information needs of each project.

CO-DESIGN

Co-design is a process and approach that is about working with people to create ‘interventions, services and programs which will work in the context of their lives and will reflect their own values and goals’¹. Co-design can be done in many ways but is about collaborative engagement that is bottom-up, creative, and enables a wide range of people to participate and importantly to steer decisions and outcomes. Co-design is not a consultation process but a partnership approach where ‘end-users’ actively define and shape strategies and outcomes. The role of the ‘expert’ is to facilitate this process.

7.2 EVALUATION METHODOLOGY

A mixed methods exploratory design was used to evaluate the EYFVA project providing information about process, outcomes, impact and capacity building. Qualitative data was collected and analysed as described below.

QUALITATIVE DATA

Semi-structured individual and focus group interviews were undertaken with 14 of EYFVA staff who indicated their interest in participating in interviews. Staff were invited to participate via email gained by the EYFVA project coordinator. All invitations and interviews were completed by the CERC. In addition, the EYFVA was interviewed in 2022 and 2023 to explore their experiences of working in the role.

¹ VCOSS (2015). *Walk alongside: Co-designing social initiatives with people experiencing vulnerabilities*. V. C. o. S. Service. Melbourne.

Semi-structured interview questions were designed to guide the researcher to capture all desired information while providing flexibility for the participant to elaborate on their experience (see Appendix 1).

QUANTITATIVE DATA

Quantitative data was generated from the EYFVA field notes, attendance records and email correspondence. Data was analysed using content analysis techniques and presented in table and figures for clarity.

Data Analysis

A thematic analysis technique was used for the qualitative data with findings presented under theme headings together with participant quotes. The thematic analysis utilised Braun and Clarke's six step process which included familiarisation with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and producing the report (Figure 6)².

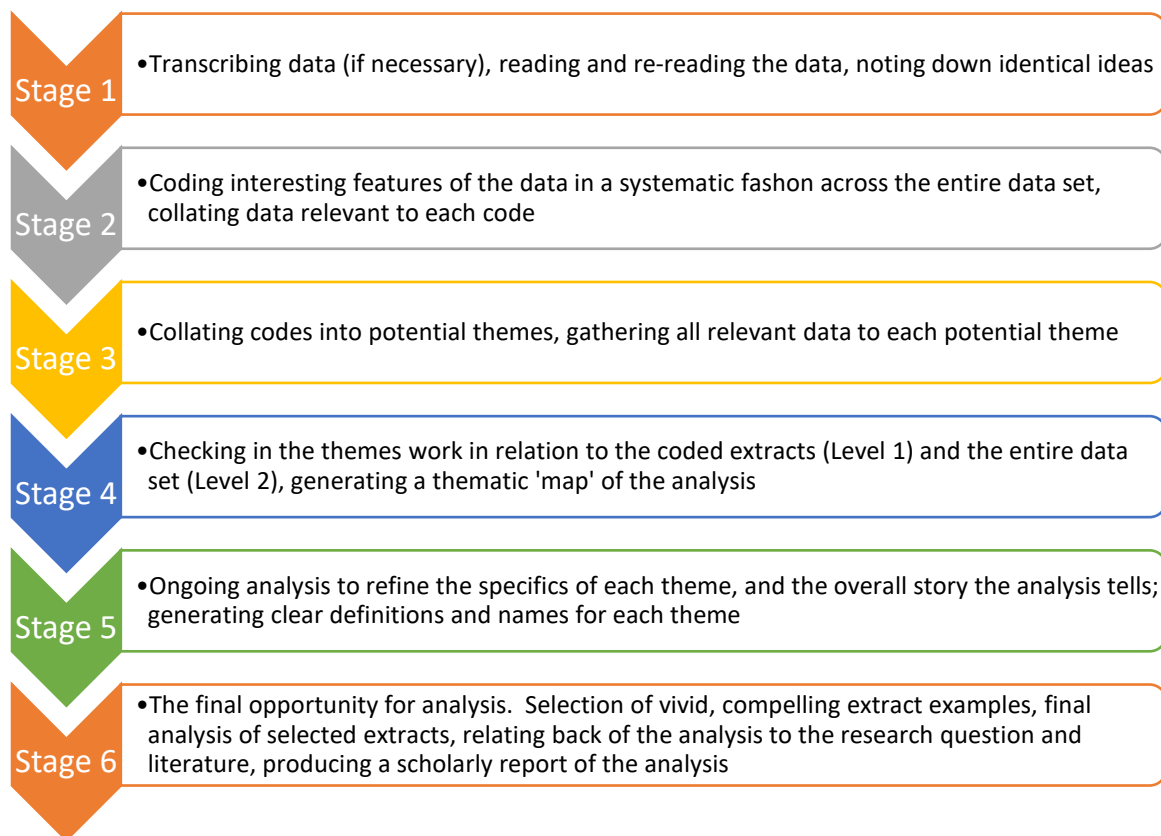


Figure 6: Six Step Thematic Analysis

As qualitative analysis is an inductive process, some interpretation of the data was required to create the thematic map. It was actively acknowledged that the researcher's interpretations would inform the results of this study, hence, any prior conceptions of the topic were reflexively bracketed to the best of the researcher's abilities³. Analysis of the Advisor engagement fieldnotes was also undertaken to understand their role and responsibilities in more detail. These fieldnotes provided insight into the

² Braun, V. and Clarke, V. (2022) *Thematic analysis: a practical guide*. SAGE Publications Ltd

³ Berger, R. (2013). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research*, 15(2), 219-234. <https://doi.org/10.1177/1468794112468475>

vast number of stakeholders the Advisor connected with over the course of the project and the reach of the role. A content analysis was performed on individual interviews, designed to depict the experiences of the role in a rich and robust way, using quote excerpts from the participant interviews.

8. ETHICAL APPROVAL AND PRACTICE

Federation University aims to promote and support responsible research practices by providing resources and guidance to our researchers. We aim to maintain a strong research culture which incorporates:

- Honesty and integrity;
- Respect for human research participants, animals and the environment;
- Respect for the resources used to conduct research;
- Appropriate acknowledgement of contributors to research; and
- Responsible communication of research findings.

Human Research and Ethics applications, *Evaluation of the Early Years Family Violence Advisor Project (Approval number: A22 – 028)* was approved by Federation University Human Research Ethics Committee (Appendix 2) prior to data collection and analysis. Consent to participate in the study and for participant’s de-identified transcripts to be used for research and evaluative purposes was obtained via signed informed consent forms before commencing the interviews. Participant anonymity was maintained by removing any identifiable information from the evaluation.

9. ABBREVIATIONS

CERC	Collaborative Evaluation & Research Centre
EYFVA	Early Years Family Violence Advisor
LGA	Local Government Area
LV	Latrobe Valley
WGHG	West Gippsland Healthcare Group

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REFERENCES

1. KPMG (2016). *The cost of violence against women and their children in Australia*.
https://www.dss.gov.au/sites/default/files/documents/08_2016/the_cost_of_violence_against_women_and_their_children_in_australia_-_final_report_may_2016.pdf
2. Gippsland Family Violence Alliance. (2023). *Family Violence in Gippsland*.
<https://gippslandfamilyviolencealliance.com.au/family-violence-in-gippsland/#:~:text=26th,family%20violence%20in%20the%20state>
3. State of Victoria. (2016). *Royal Commission into Family Violence - Summary and Recommendations*.
http://rcfv.archive.royalcommission.vic.gov.au/MediaLibraries/RCFamilyViolence/Reports/RFCV_Full_Report_Interactive.pdf
4. Australian Institute of Health and Welfare [AIHW]. (2022). *Family, domestic and sexual violence data in Australia*. <https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-data/contents/how-is-family-domestic-and-sexual-violence-experienced/physical-and/or-sexual-family-and-domestic-violence>.
5. Australian Institute of Family Studies. (2015). *Domestic and family violence in pregnancy and early parenthood*. <https://aifs.gov.au/resources/policy-and-practice-papers/domestic-and-family-violence-pregnancy-and-early-parenthood>.
6. Gartland, D., Woolhouse, H., Giallo, R., McDonald, E., Hegarty, K., Mensah, F., Herrman, H. & Brown, S.J. (2016) Vulnerability to intimate partner violence and poor mental health in the first 4-year postpartum among mothers reporting childhood abuse: an Australian pregnancy cohort study. *Archives of Womens Mental Health*. 2016;19(6):1091-100 10.1007/s00737-016-0659-8.
7. Australian Bureau of Statistics [ABS]. (2021). *Search Census data*.
<https://www.abs.gov.au/census/find-census-data/search-by-area>

11. APPENDICES

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APPENDIX 1: EARLY YEARS FAMILY VIOLENCE ADVISOR INTERVIEW QUESTIONS

STAFF INTERVIEW QUESTIONS

- Can you please tell me what was your role in the program was?
- Tell me about some of the experiences and observations you made during the program.
- What did you learn as a part of this program?
- What did you enjoy most about the program? (Discuss strengths and weaknesses)
- Were there any changes in the students attitudes throughout the program
- Where there any challenges faced during the program?
- In your view, did this program make a difference?
- Thinking about your experiences, what benefit, if any did this give to you?
- What would you like improved/what was a weakness of the program? Discuss
- Are there any other comments or thoughts anyone would like to share about their experience of the program?

ADVISOR INTERVIEW QUESTIONS

- What are your roles at your organisation?
- What has been your experience of engaging with the early year's advisor?
- How has the role impacted on your knowledge of family violence?
- Have you attended any professional development or training conducted by the Early Years Advisor? If yes, what impact did it have on your practice?
- How was the role explained to you?
- How would you change the role?
- If there was funding available should the role be continued

APPENDIX 2: HUMAN RESEARCH ETHICS APPROVAL

Principal Researcher:	Associate Professor Joanne Porter
Co- Researcher/s:	Dr Carolyn Bailey Dr Blake Peck Val Prokopiv
Institute:	Institute of Health and Wellbeing
Project Number:	A22-028
Project Title:	Evaluation of the Early Years Family Violence Advisor Project.
For the period:	14/06/2022 to 10/06/2027 (standard 5-year project approval has been introduced)

Quote the Project No: 2022-028 in all correspondence regarding this application.

Approval has been granted to undertake this project in accordance with the proposal submitted for the period listed above.

Please note: It is the responsibility of the Principal Researcher to ensure the Ethics Office is contacted immediately regarding any proposed change or any serious or unexpected adverse effect on participants during the life of this project.

In Addition: Maintaining Ethics Approval is contingent upon adherence to all Standard Conditions of Approval as listed on the final page of this notification.

COMPLIANCE REPORTING DATES TO HREC:

Annual project reports:

14 June 2023

14 June 2024

14 June 2025

14 June 2026

Final project report:

14 July 2027

A final report must be submitted within six months of the project completion, which may be prior to the date noted above. Submission of a final report will close off the project.

The combined annual/final report template is available at:
HREC Forms



Fiona Koop

Coordinator, Research Ethics

14 June 2022

Please note the standard conditions of approval on page 2:

STANDARD CONDITIONS OF APPROVAL

1. Conduct the project strictly in accordance with the proposal submitted and granted ethics approval, including any amendments made to the proposal required by the HREC.
2. Advise (email: research.ethics@federation.edu.au) immediately of any complaints or other issues in relation to the project which may warrant review of the ethical approval of the project.
3. Where approval has been given subject to the submission of copies of documents such as letters of support or approvals from third parties, these are to be provided to the Ethics Office prior to research commencing at each relevant location.

Submission for approval of amendments to the approved project before implementing such changes. A combined amendment template covering the following is available on the HRE website: <https://federation.edu.au/research/support-for-students-and-staff/ethics/human-ethics/human-ethics3>

- Request for Amendments
 - Request for Extension. Note: Extensions cannot be granted retrospectively.
 - Changes to Personnel
4. Annual Progress reports on the anniversary of the approval date and a Final report within a month of completion of the project are to be submitted by the due date each year for the project to have continuing approval.
 5. If, for any reason, the project does not proceed or is discontinued, advise the Committee by completing the Final report form.
 6. Notify the Ethics Office of any changes in contact details including address, phone number and email address for any member of the research team.
 7. The HREC may conduct random audits and / or require additional reports concerning the research project as part of the requirements for monitoring, as set out in the National statement on Ethical Conduct in Human Research.

Failure to comply with the *National Statement on Ethical Conduct in Human Research* 2007 (Updated 2018) and with the conditions of approval will result in suspension or withdrawal of approval.



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Federation University Australia acknowledges the Traditional Custodians of the lands and waters where its campuses are located, and we pay our respects to Elders past and present, and extend our respect to all Aboriginal and Torres Strait Islander and First Nations Peoples.